



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701

512-305-8000 ★ www.pharmacy.texas.gov

Community Pharmacy (Class A) License Application

1 Pharmacy Information	FOR TSBP USE ONLY			
Name:	License No.	Amount	Receipt No.	Applicant No.
DBA Name:				
Address:	5 <input type="checkbox"/> Check here if for a NEW PHARMACY			
City/State/ Zip:	<input type="checkbox"/> Check here if a CHANGE OF OWNERSHIP .			
2 Pharmacy Telephone Number:	If change of ownership, indicate previous name,			
()	address and license number of pharmacy:			
Pharmacy Fax Number :				
()				
Web Address:				
Email Address:				
3 Type of Ownership (check one)	6 Application Fee Payable to Texas State Board of Pharmacy			
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____	Pharmacy License \$454 # of Pharmacy Balances/Scales _____ x \$25.00 \$ TOTAL DUE \$			
4 Type of Pharmacy (check one)	7 Description of Services – Check All That Apply Must Indicate at Least 1 Type of Service			
<input type="checkbox"/> Community (Independent) <input type="checkbox"/> Community (Multiple/Chain ≥5) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> 24 Hour Service <input type="checkbox"/> Out Patient Prescriptions <input type="checkbox"/> Closed Door <input type="checkbox"/> Pharmacist Administered <input type="checkbox"/> Compounding, Non-Sterile* Immunizations <input type="checkbox"/> Compounding, Office Use <input type="checkbox"/> Shipping Prescriptions Out-of-State <input type="checkbox"/> Home Delivery <input type="checkbox"/> Veterinary Prescriptions <input type="checkbox"/> Nuclear			
8 Pharmacist-in-Charge	11 Anticipated Date of Opening and Hours of Operation:			
License #				
(Print or type)				
9 By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy.	12 Staff Pharmacist(s)			
THIS SIGNATURE MUST BE NOTARIZED	License #			
Signature of Pharmacist-in-Charge				
Date				
10 Subscribed and sworn to before me this _____	13 Registered Technician(s)			
day of _____, 20 _____	Registration #			
Notary Public				

***Do not check this service if the pharmacy is only reconstituting a manufacturer's NON-STERILE product (e.g., reconstituting an antibiotic suspension).**

14 PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:

1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of any professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for all states, including Texas, and for all regulated professions. ☐ YES* ☐ NO

***If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation.**

2. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense? ☐ YES ☐ NO

3. Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law? ☐ YES ☐ NO

4. Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply): ☐ YES ☐ NO

☐ 1 Spanish ☐ 3 Telecommunication Device for the Deaf (TDD) ☐ 5 AT&T Translating Service
☐ 2 Vietnamese ☐ 4 American Sign Language ☐ 6 Other _____

5. Does this pharmacy participate in the Texas Medicaid program? ☐ YES ☐ NO

6. Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)? ☐ YES ☐ NO

15 ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer

Date

Subscribed and sworn to before me this _____ day
of _____, 20____

Owner / Managing Officer's Name (Type or Print)

Notary Public